



APPLICATION FOR MASTER ELECTRICIAN OR PLUMBER (NON-CONTRACTOR)

If the Individual that is being Registered with St. Lucie County needs to be sponsored, please complete the following:

St. Lucie County sponsorship of candidates for a Contractor competency examination, determined by Experior, the testing agency, will be provided solely to those individuals who have submitted the following:

1. The three (3) pages of the St. Lucie County Application.
2. Prescribed application fee of \$50.00 (Subject to change).
3. Full Faced View Passport Type Photograph of Applicant – **NO COPIES**
4. An **ORIGINAL** letter of recommendation from an active Certified or Registered Electrician/Plumbing Contractor reflecting 4 years of field experience *or* an Affidavit of Experience.
5. Submit the prescribed sponsorship fee of \$100.00 for the Master exams.

If the Individual that is being registered with St. Lucie County is reciprocating from another county, a Letter of Reciprocity with exam results with a 70% or more is needed along with the above.

Applicant is responsible for making sure application is complete prior to cut-off date.

Board Dates are scheduled for the 3rd Wednesday of each month. Cut-off date is the 1st Friday of each month.

Please continue with the following check list to complete the application.

CHECK LIST

- ___ 1. Application – Completely filled out, no blanks
- ___ 2. A Full Faced View Passport Type Photograph of Applicant - **NO COPIES**
- ___ 3. Application Fee: \$50.00 (Subject to change)
- ___ 4. Three (3) **ORIGINAL** Letters of Recommendation from reputable business corporations or professionals, not related by blood or marriage to the applicant. Each letter must be on letter head, dated, signed by the license holder and addressed to St. Lucie County. These letters are to vouch for the applicant's knowledge, experience, and ability as well as to the applicant's reputation as to honesty, integrity and good character. **At least one ORIGINAL letter shall be from a licensed Electrical/Plumbing Contractor (depending on which category is being applied for). The Contractor must be Certified or Registered with the Florida Department of Professional Regulation or from the State in which the applicant most recently resided. The Contractors Certified or Registered license number shall be reflected in the letter.**

OR

An Affidavit of Field Experience completed by a **licensed Electrical/Plumbing Contractor** not related by blood or marriage to the applicant. **The Contractor must be Certified or Registered with the Florida Department of Professional Regulation or from the State in which the applicant most recently resided.** The Contractor's signature must be notarized. This form is intended for verification of field experience only.

Mailing address for all required documents:

**St. Lucie County Contractor Certification
2300 Virginia Avenue
Fort Pierce, Florida 34982**

PHONE # (772) 462-1672
PHONE # (772) 462-1673
FAX # (772) 462-1148

App. Fee: _____ Date: _____ Certificate #: _____

DO NOT WRITE ABOVE THIS LINE

INSTRUCTIONS:

PAYMENT IS REQUIRED AT THE TIME OF SUBMITTING AN APPLICATION TO COUNTY EXAMINING BOARD. **APPLICATION FEES ARE NOT REFUNDABLE. ALL CHECKS WILL BE MADE PAYABLE TO: ST. LUCIE COUNTY.** THE APPLICATION IS AN AGREEMENT AUTHORIZING THE EXAMINING BOARD TO OBTAIN ANY ADDITIONAL INFORMATION CONCERNING THE APPLICANT'S APPLICATION. THIS INFORMATION MAY CONCERN THE APPLICANT'S FINANCIAL, CREDIT, COLLECTIONS, TAX LIEN STATUS' AND JUDGMENTS. A CONVICTION OF A FELONY IN THE LAST FIVE YEARS MAY RESULT IN A DENIAL OF YOUR LICENSE, PER ST. LUCIE COUNTY CODE OF ORDINANCES.

(CHECK ONE)

- (1) MASTER ELECTRICIAN _____
(2) MASTER PLUMBER _____

PLEASE PLACE
PHOTOGRAPH OF
APPLICANT HERE.
PHOTO MUST BE FULL-
FACED VIEW
APPROXIMATELY 2"x 2".
A CLEAR &
RECOGNIZABLE
LIKENESS.

APPLICANT'S SOCIAL SECURITY #: _____

APPLICANT'S NAME: _____
(LAST) (FIRST) (MIDDLE)

HOME ADDRESS: _____ HOME PHONE: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____ SEX: _____

CITIZEN OF UNITED STATES: YES () NO ()

GRADE SCHOOL: _____ YRS. HIGH SCHOOL: _____ YRS. COLLEGE _____ YRS.

TRADE SCHOOL OR SPECIAL COURSE: _____

FLORIDA DRIVER'S LICENSE NUMBER: _____

1. GIVE HISTORY OF YOUR EXPERIENCE IN THE CONSTRUCTION BUSINESS DURING THE LAST TEN (10) YEARS. (STATE LENGTH OF TIME IN EACH FIELD AND EMPLOYER.)

2. I AM NOW DULY LICENSED AS A MASTER _____ CONTRACTOR IN THE FOLLOWING MUNICIPALITIES: **(LEAVE BLANK IF NO LICENSE HELD)** DO NOT LIST OCCUPATIONAL LICENSE NUMBERS.

NAME OF COUNTY/CITY OBTAINED

COMPETENCY NUMBER(S)

3. IF YOUR ANSWER IS YES TO THE FOLLOWING QUESTION, PLEASE EXPLAIN THE CIRCUMSTANCES IN DETAIL ON A SEPARATE ATTACHED SHEET:

HAVE YOU EVER BEEN CONVICTED OR PRESENTLY CHARGED WITH A MISDEMEANOR INVOLVING MORAL TRUPITUDE OR A FELONY WITHIN THE LAST FIVE (5) YEARS?

YES _____

NO _____

ALL HOLDERS OF COUNTY CERTIFICATES OF COMPETENCY AS MASTER ELECTRICIANS AND MASTER PLUMBERS ARE REGULATED BY ST. LUCIE COUNTY CODE OF ORDINANCES AND COMPILED LAWS, CHAPTER 2-5, ARTICLE II. VIOLATIONS OF CHAPTER 2-5 SHALL BE CAUSE FOR REVOCATION OR SUSPENSION OF COUNTY CERTIFICATIONS.

ALL MASTER ELECTRICIANS AND MASTER PLUMBERS SHALL WORK UNDER THE SUPERVISION OF A LICENSED ELECTRICAL CONTRACTOR AND/OR LICENSED PLUMBING CONTRACTOR.

I SHALL COMPLY WITH THE ST. LUCIE COUNTY CODE OF ORDINANCES AND COMPILED LAWS CHAPTER 2-5.

DATE

SIGNATURE OF APPLICANT

AFFIDAVIT

TO BE ATTESTED TO BEFORE A NOTARY PUBLIC:

STATE: _____

COUNTY: _____

BEFORE ME, AN OFFICER DULY QUALIFIED TO ADMINISTER OATHS AND TAKE
ACKNOWLEDGEMENT, _____ PERSONALLY APPEARED
_____, KNOWN TO ME TO BE THE PERSON HEREIN
DESCRIBED AND SUBSCRIBING HERETO, AND ON OATH DEPOSES AND SAYS: THAT THE
STATEMENTS MADE IN THIS APPLICATION, TO THE BEST OF HIS/HER KNOWLEDGE, ARE
TRUE AND CORRECT.

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this
_____ day of _____, 20_____,
by _____,
who is personally known to me or has produced
_____ as identification.

Signature of Applicant

Signature of Notary



AFFIDAVIT OF EXPERIENCE

THIS FORM IS **NOT** TO BE COMPLETED BY APPLICANT

This form is intended to verify in-field experience and is not a character reference. A licensed contractor certified or registered by the State of Florida can **only** verify this experience. A relative may not complete this form.

Date:	
Name of Individual Verifying Experience:	
Company Name:	
Company Address:	
Company City, State, Zip:	
Company Phone #:	
Applicant Name:	
Dates Employed:	
Total Length of Time In the Field:	
Comments/Additional Information:	
Verifiers Signature:	
License Number:	

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____,
by _____,
who is personally known to me or has produced _____ as identification.

Signature of Notary

Re: Collection of Personal Information

We care about your privacy and endeavor to protect it to the greatest extent possible. In order to obtain information to protect our office, and to provide you with benefits, certain personal information from you and your dependents must be obtained. For your information, social security numbers and benefits information are not subject to Florida's public records laws and are not furnished to anyone, unless properly subpoenaed by a court of law or provided to an agency whose need for the social security numbers are necessary to carry out their function. Your social security number will be obtained solely for the purpose of fulfilling duties and responsibilities as prescribed by law and include:

1. To process and report wages pursuant to the Social Security Administration Act
2. To report income pursuant to the Federal Department of Internal Revenue Service
3. To follow the guidelines set forth by the U.S. Citizen and Immigration Service
4. To initiate and process applicant or employee background checks
5. Drug Screening Test Identification
6. Process employment benefits including, but not limited to, Health Insurance, Florida Retirement, Income Reporting, Unemployment Compensation and Worker's Compensation.

**ST. LUCIE COUNTY
FLORIDA
CONTRACTOR CERTIFICATION BOARD
BOARD MEETING SCHEDULE**

The Contractor Certification Board meets the 3rd Wednesday of each month from 8:30 AM to 12 Noon in:

Commission Chambers
Roger Poitras Annex
2300 Virginia Avenue, 3rd Floor
Fort Pierce, FL 34982

Cut-off dates are the 1st Friday of each month. Cut-off dates are final. Applications submitted after the cut-off date will be scheduled for the following monthly Board Meeting, if completed. If applications are not completed, they will not be reviewed.

For directions and questions, please contact our office at 772-462-1672.

NOTE: Staff reserves the right to move application to the next agenda.

**ST. LUCIE COUNTY, FLORIDA
CONTRACTOR CERTIFICATION BOARD
2009 BOARD MEETING SCHEDULE**

THE FOLLOWING CUT OFF DATES ARE FINAL. APPLICATIONS SUBMITTED AFTER THE CUTOFF DATE WILL BE SCHEDULED FOR THE FOLLOWING MONTHLY BOARD MEETING, IF COMPLETED. IF APPLICATIONS ARE NOT COMPLETED, THEY WILL NOT BE REVIEWED.

CUT OFF DATES:

January 2, 2009

March 6, 2009

May 1, 2009

July 3, 2009

September 4, 2009

November 6, 2009

BOARD MEETING DATES:

January 21, 2009

March 18, 2009

May 20, 2009

July 15, 2009

September 16, 2009

November 18, 2009

NOTE: Staff reserves the right to move applications to the next Agenda.

The Contractor Certification Board meets the third Wednesday of each month in the Commission Chambers, Roger Poitras Annex, 2300 Virginia Avenue, Fort Pierce, Florida, from 8:30 A.M. to 12 NOON. You can contact our office @ (772) 462-1672 or (772) 462-1673 for directions and questions.